

Case No.: 18093/1140

Express Mail Label No.: EL592000630US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERAPEUTIC METHODS AND COMPOSITIONS USING VIRUSES OF THE RECOMBINANT PARAMYXOVIRIDAE FAMILY

the specification of which is attached hereto unless the following space is checked:

X United States Application Serial Number 09/667,947 filed September 22, 2000.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR ∋ 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. \ni 119(a)-(d) or \ni 365(b) of any foreign application(s) for patent or inventor's certificate, or \ni 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number Country

Day/Month/Year Filed

Priority Not Claimed

1.

I hereby claim the benefit under 35 U.S.C. → 119(e) of any United States provisional application(s) listed below:

Application Number

Filing Date

1. 60/155,873

9/24/99

I hereby claim the benefit under 35 U.S.C. \ni 120 of any United States application(s), or \ni 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. \ni 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR \ni 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number

Filing Date

Status X patented, pending, abandoned

1. 2.

I hereby appoint the following attorneys and agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Kathleen M. Williams,

Reg. No. 34380

Paula A. Campbell Evans

Reg. No. 32503

Richard B. Smith

Reg. No. 34,020

Elizabeth N. Spar Reg. No. 45,123
Mark FitzGerald Reg. No. 45,928
John Garvey Reg. No. 37,833
Dianne Rees Reg. No. 45,281

as my Attorneys/and Agents.

Address all telephone calls to Kathleen M. Williams at (617) 573-0451

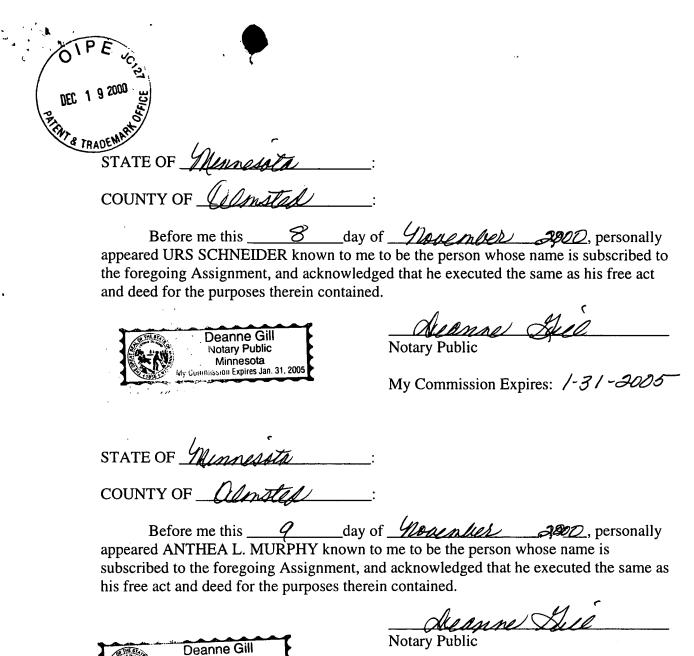
Address all correspondence to PALMER & DODGE, LLP, One Beacon Street, Boston, MA 02108.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Paranti ibuara merayin
Full name of sole or first inventor (given name, family name): Stephen James Russell
Inventor's signature: Solling Date: 6/Nov/2010
Residence: United States of America
Citizenship: UK
Post Office Address: 2701 Salem Road, SW, Rochester, Minnesota 55905 U.S.A.
Full name of second joint inventor, if any (given name, family name): Roberto Cattaneo
Inventor's signature: Date: 8/NOV /2000
Inventor's signature: Date: 8/NOV / 2000 Residence: United States of America
Citizenship: Swiss
Post Office Address: 1023 Hidden Ridge Lane SW, Rochester MN 55902
Tost Office Addiess. 1023 Indden Adge Edite 5 W, Rootester Mix 33702
Full name of third joint inventor, if any (given name, family name):Kah-Whye Peng
Inventor's signature: <u>Heuglawye</u> Date: 6 Nov 2000
Residence: United States of America
Citizenship: Singapore
Post Office Address: 229 6 th Avenue SW, Apt.10, Rochester, MN 55902
Full name of fourth joint inventor, if any (given name, family name): Urs Schneider
11 5/1 7000
Inventor's signature: Date: 6 Nov 2000
Residence: United States of America
Citizenship: Swiss
Post Office Address: 428 6th Street SW, Apt. 102, Rochester, MN 55902
Full name of fifth joint inventor, if any (given name, family name): Anthea L. Murphy
Inventor's signature: Date: Date: Date: Date:
Residence: United States of America
Citizenship: British
Post Office Address: 428 6th Street SW, Apt. 3, Rochester, MN 55902

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2000	
DEC 1 9 2000 E	
TRADEMARTS OF THINNESSEE	
STATE OF Thinesota	:
COUNTY OF	:
appeared STEPHEN JAMES RUSSEL	lay of <u>Houenbes</u> , personally L known to me to be the person whose name is at, and acknowledged that he executed the same as therein contained.
	- Seanne Till
Deanne Gill Notary Public	Notary Public
Minnesota My Commission Expires Jan. 31, 2005	My Commission Expires: 1-31-2005
STATE OF Minnisota COUNTY OF Olmstell	: :
Before me thisd appeared ROBERTO CATTANEO kno	lay of <u>Mayorlus</u> , personally own to me to be the person whose name is at, and acknowledged that he executed the same as therein contained.
Deanne Gill	- Deanne Lee
Notary Public Minnesota	Notary Public
My Junishession Expires Jan. 31, 2005	My Commission Expires: /-31-2005
STATE OF <u>Minnesota</u> COUNTY OF <u>Olimstol</u>	<u>:</u>
COUNTY OF <u>Ulmstel</u>	;
Before me this d	ay of <i>Movember</i> 3900, personally
appeared KAH-WHYE PENG known t	to me to be the person whose name is subscribed to
the foregoing Assignment, and acknow and deed for the purposes therein conta	rledged that he executed the same as his free act nined.
and according purposes therein conta	<i>(</i> 4
Deanne Gill	Notary Public
Notary Public Minnesota	•
My Commission Expires Jan. 31, 2005	My Commission Expires: 1-31-2005

My Commission Expires: 1-31-2005



My Commission Expires: 1-31-2005

Notary Public Minnesota

Congression Expires Jan. 31, 2005

reby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e) for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the patent or application identified above.

"THERAPEUTIC METHODS AND COMPOSITIONS USING VIRUSES OF THE RECOMBINANT PARAMYXOVIRIDAE FAMILY"

by inventor(s):	Cattaneo, et al.
described in [X]	the specification filed herewith
. []	Application Serial No, filed
[]	Patent No. , issued
I hereby declar	re that rights under contract or law have been conveyed to and remain with said nonprofit ith regard to the invention described in the patent or application identified above.
If the rights he having rights t	eld by the nonprofit organization are not exclusive, each individual, concern or organization to the invention is listed below? and no rights to the invention are held by any person, other tor, who could not qualify as a small entity under 37 C.F.R. §1.9(f) or by any concern which lify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37
Rick F. Co	Ivin ERSON SIGNING
Mayo Founda	ation for Medical Education and Research
200 Pirst Stree	et, SW, Rochester, Minnesote, 55905
SIGNATURE	9/22/00
DATE	



Express Mail Label No.: EL592000630US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Cattaneo, et al.

Serial No.:

09/667,947

Filed:

September 21, 2000

Entitled:

"THERAPEUTIC METHODS AND COMPOSITIONS USING

VIRUSES OF THE RECOMBINANT PARAMYXOVIRIDAE

FAMILY"

Attorney Docket No.:

18093/1140

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 C.F.R. §§1.9(f) AND 1.27(b)) - NONPROFIT ORGANIZATION

Sir:

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: Mayo Foundation for Medical Education and Research

ADDRESS OF ORGANIZATION:

Office of Technology Commercialization,

200 First Street Southwest Rochester, Minnesota 55905

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[]	University or other institution of higher education
[]	Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c)(3))
[]	Nonprofit Scientific or Educational Institution under laws of a State of the United States NAME OF STATE: CITATION OF STATE LAW:
[]	Organization that would qualify as a Tax Exempt Organization under Internal Revenue Service Code (26 U.S.C. §§501(a) and 501(c)(3)), if located in the United States

[x] Organization that would qualify as a Nonprofit Scientific or Educational Institution under the laws of a State of the United States, if located in the United States